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TO:	FROM:
Examiner M. Bockelman	Tomas Lendvai, Ph.D.
	Reg. No. 57,488
COMPANY:	DATE:
Commissioner for Patents	8/8/2006
U.S. Patent and Trademark Office	
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571) 273-8300	3
ART UNIT:	ATTORNEY DOCKET NUMBER:
3762	S105-USA
RE:	CUSTOMER NO.
U.S. Patent Application No. 09/851,268	28284
Filed May 7, 2001	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

12744 SAN FERNANDO ROAD, BUILDING #3

SYLMAR, CA 91342

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PTO/SB/21 (07-06)


Approved for use through 09/30/2008. OMB 0661-0031

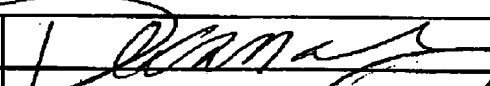
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	06/851,268
	Filing Date	May 7, 2001
	First Named Inventor	Greenberg, et al.
	Art Unit	3762
	Examiner Name	M. Bockelman
	Attorney Docket Number	S105-USA
Total Number of Pages in This Submission	3	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Second Sight Medical Products, Inc.	
Signature		
Printed name	Tomas Lendvai, Ph.D.	
Date	AUG - 8 2006	Reg. No. 57,488

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being <u>facsimile transmitted</u> to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
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**CHANGE OF
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Application Number	09/851,268
Filing Date	May 7, 2001
First Named Inventor	Greenberg, et al.
Art Unit	3762
Examiner Name	M. Bockelman
Attorney Docket Number	S105-USA

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- ☒ Attorney or agent of record. Registration Number 57,488
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Tomas Lendvai

Typed or Printed
Name

Tomas Lendvai, Ph.D.

Date

AUG - 8 2006

Telephone

(818) 833-5072

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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